

CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | * | | * | | * | |
|--------------|----------|------|---------------------|------|---------------------|------|------|------|------|------|------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 3 | 1 | 1 | | | | | | | | | | |
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| 10 | | 1 | | | | | | | | | | |
| 11 | 1 | | | | | | | | | | | |
| 12 | 1 | | | | | | | | | | | |
| 13 | | 1 | | | | | | | | | | |
| 14 | | 1 | | | | | | | | | | |
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| 16 | 1 | | | | | | | | | | | |
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| TOTAL IND. | 5 | | | | | | | | | | | |
| TOTAL DEP. | 12 | | | | | | | | | | | |
| TOTAL CLAIMS | 17 | | | | | | | | | | | |
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| TOTAL IND. | | | | | | | | | | | | |
| TOTAL DEP. | | | | | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS